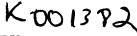
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AARON MEDICAL INDUSTRIES Aaron 2100 High Frequency Electrosurgical Generator

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510(K) SAFETY AND EFFECTIVENESS SUMMARY

TRADE NAME:

Aaron 2100 High Frequency Electrosurgical Generator

COMMON NAME:

Electrosurgical Generator

CLASSIFICATION NAME:

Electrosurgical Cutting and Coagulation Devices and Accessories

(21 CFR 878.4400)

The Aaron 2100 High Frequency Electrosurgical Generator is a non-sterile, reusable multi-purpose electrosurgical generator for use in the operating arena which features both monopolar and bipolar functions which meet surgical demands for safety, flexibility, reliability, and convenience. Functions which the Aaron 2100 performs includes: monopolar cut; monopolar cut with hemostasis (blend); force coagulation; fulguration; and bipolar.

The Aaron 2100 is used to perform procedures such as laparoscopic tubal ligation, polypectomy, and small bowel or colon procedures.

SUBSTANTIAL EQUIVALENCE: The Aaron 2100 is substantially equivalent to the Aaron 1200 Electrosurgical Generator (K980366) and the ValleyLab Electrosurgical Generator, Model SSE4 (K823924) in design, operation, intended use, materials, components, energy source, and performance claims.

TESTING: Testing which has been performed on the Aaron 2100 indicates that this device and it's accessories are substantially equivalent in performance and method of operation.

HAZARD ANALYSIS: Hazard analysis evaluations were performed on the Aaron 2100. Test results indicated that there are no new hazards presented with the use of the Aaron 2100 High Frequency Electrosurgical Generator as compared with the predicate devices.

In conclusion, the Aaron 2100 High Frequency Electrosurgical Generator is substantially equivalent to the predicate devices in methods of operation, intended use, and results derived from operation.

> Submitted By: Rick Kozloff

> > Vice President, Quality Assurance and Regulatory Affairs

Aaron Medical Industries, a Bovie Company

7100 40th Avenue North St. Petersburg, FL 33710-2902

(727) 384-2323

Contact Person: Rick Kozloff

Date:

April 27, 2000



JUN 2 7 2000

Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

Mr. Richard Kozloff
Vice President, Quality Assurance and Regulatory Affairs
Aaron Medical Industries, Inc.
7100 30th Avenue North
St. Petersburg, Florida 33710-2902

Re: K001382

Trade Name: Aaron 2100 High Frequency Electrosurgical Generator

Regulatory Class: II Product Code: GEI Dated: May 1, 2000 Received: May 2, 2000

Dear Mr. Kozloff:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the current Good Manufacturing Practice requirement, as set forth in the Quality System Regulation (QS) for Medical Devices: General regulation (21 CFR Part 820) and that, through periodic (QS) inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the Federal Register. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4595. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its internet address "http://www.fda.gov/cdrh/dsmamain.html".

Sincerely yours,

Celia M. Witten, Ph.D., M.D.

Director

Division of General, Restorative and Neurological Devices Office of Device Evaluation Center for Devices and Radiological Health

Enclosure

AARON MEDICAL INDUSTRIES Aaron 2100 High Frequency Electrosurgical Generator

INDICATIONS FOR USE STATEMENT

| 510(K) Number (| if known): | K00138 | 2 | | |
|--------------------|----------------|---|----------------------------|---------------|--------------------|
| Device Name: | Aaron 2100 H | ligh Frequency Elec | trosurgical Gener | ator | |
| Indications For Us | se: | | | | |
| | nerator and ac | ncy Electrosurgical cessories which is d | | | |
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| (PLEASE DO NO | T WRITE BE | LOW THIS LINE - | CONTINUE ON | ANOTHER PAG | E IF NEEDED) |
| | Concurr | ence of CDRH, Offi | ce of Device Eva | luation (ODE) | |
| | | | | | |
| Prescription Use | K | | OR | Over-T | he-Counter Use |
| (Per 21 CFR 801.1 | , | (Division S/gn-Off) | Quodo | | nal Format 1-2-96) |
| | | Division of General 510(k) Number | Restora de Devic KOO 13 | | |